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DOCKET NO. J&J2084

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Geoffrey P. Symonds & Gregory Fanning

Serial No.: 10/035,098

Art Unit: 1635

Filed : December 28, 2001

Examiner: James Schultz

For : DOUBLE-STRANDED RNA-MEDIATED GENE SUPPRESSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

February 11, 2005

(Date of Deposit)

fee copy

Myra H. McCormack

(Name of applicant, assignee, or Registered Representative)

Myra H. McCormack
(Signature)

February 11, 2005

(Date of Signature)

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME
AND AUTHORIZATION TO CHARGE
DEPOSIT ACCOUNT THEREFOR

Dear Sir:

Applicant(s) petition(s) the Commissioner of Patents and Trademarks to extend the time for response to the Office Action dated June 30, 2004 for five(5) month(s) from July 30, 2004 to December 30, 2004. An Amendment responding to the aforesaid Office Action is being filed concurrently herewith.

Please charge Deposit Account No. 10-0750/J&J2084/MHM in the name of Johnson & Johnson for the cost of filing this Petition. Three copies of this Petition are enclosed.

02/15/2005 HANDED 00000086 10035098

01 FC:1255 2160.00 DA

02/15/2005 HANDED 00000086 10035098
01 FC:1255 2160.00 DA

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(732) 524-6932
DATE: February 11, 2005

Respectfully submitted,

Myra H. McCormack
Myra H. McCormack
Reg. No. 36,602
Attorney for Applicant(s)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/18/05</u>		2 Serial/Patent # <u>10035098</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
✓	Amendment			\$							
✓	Extension of Time	—	2/14/05	\$ 2160.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 2160.00								
8 TO BE REFUNDED BY:											
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #:									
	Overpayment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table>			1	0	--	0	7	5	0
1	0	--	0	7	5	0					
✓	Duplicate Payment										
✓	No Fee Due (Explanation):										
EDT was not timely filed.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>Liana Chase</u>		PHONE: <u>272-3206</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kell</u>		DATE: <u>5/23/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: